MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 170 Primary Registration District No. Registrat's No. 201

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	1			,	1.		963					IDENCE (Where dec				-
VS 300		1			' _	. county Lacled	:. <u> </u>					ssouri ^{s.c}	M YINUU.	<u>filler</u>		oission)
Rev. 4/59	AMENDED	'				b. CITY (If outside corporate OR	limits, give TOWN	ISHIP only)	Length	h of stay in 1b	c. CITY	_			Inside	e Limits
_		۱ ۱]		1	TOWN DOVE			_ Mo	onths	∥ tŏw̃n]	Iberia			Yes 🗀	No ∑ Q
17530	1	:	}		_	c. FULL NAME OF (IF NOT in	hospital, give loca	stion)		Inside Limits	+		f cutside, ç	give location)		s on Ferm
	DATE	: [}	1	HOSPITAL OR INSTITUTION Cedar			Home	Yes 🔼 No 🗀	ADDRESS	Rt. 1	·	•		Q No □
20660	ΝÞ	Ш	4-	↓ 1	' _				HUIRS							
3	۱ [ً	11			3.	NAME OF DECEASED (Type or print)	First		Middle		Last	4. DATE OF	Mor		,	Year
100	۱		'		' _	I	SAAC		ELMER	(R	OWDEN	DEATH 1		ber 25		
4 U	١ [1	i e		OLOR OR RACE			ever Married				Months Day		
5 2	١						Vhite		wed 10	Divorced	10-10-1				<u> </u>	
	<u>ا يا</u>				10a	. USUAL OCCUPATION (GIVE &	kind of work done	106. KIN	D OF BUSINE.	SS OR INDUST	I	CE (City and state o	or country)	1	OF WHAT C	COUNTRY
6	<u>₹</u>					during most of working life, to 12 CKSM1 Ch	even it retired)	1 ~			Cuba,	Mo.		USA		
7	<u> </u>					FATHER'S NAME	-	1	3b. MOTHER'	'S MAIDEN NAM		14.	NAME OF	HUSBAND OR W	TIFE	
				1	Is	aac D. Rowden	ı			line Cl		Art	izona	Workm	an Ro	wden
B 2	lo l			1	15.	WAS DECEASED EVER IN U.S	S. ARMED FORCES?	-		SECURITY NO.		T		Address		
93210	 				γe N	s, no, or unknown) (If yes, giv	ive war or dates of	service)	None		Willard	d Rowden	Rt.	l Iber	ia. M	lo.
'ANK	ARE				1 1	18. CAUSE OF DEATH (Enter	only one cause per	line for (a		·				<u>_</u>	INTERVAL ONSET AN	BETWEEN
10				户	¹		H WAS CAUSED BY	", /	2. 1		7/-	1			2 A	UEAIH
11	비행			DOCUMENT	¹	IM	MEDIATE CAUSE (o) <u>C</u>	Buch							
	EAD (A		1	X	1	The standard of the standard o										
111 -				-1× -	, 1	= +		1L)	2.		<u></u>			I	- Sec	
12 /6-2	19			ă	,	Conditions, if are which gave rise	e to	ы	20 for	<u>corel</u>	mair			 	Jea	<u>~_</u>
1286-2	THIS 'R	51		ă		which gave rise above cause (stating the und	e to (a), der-		2 la	<u> </u>	-		<u>.</u>		Fea	<u>/</u> _
13 /0	THIS	51	_	Ğ		which gave rise above cause (stating the und lying cause la	e to (a), (a), der- lest, DUE TO ((c)	rea		-				Je a	famala
	S S	51		ă	NŌ	which gave rise above cause (stating the und lying cause le PART II. OTHE	e to (a), (a), der- lest, DUE TO ((c)	VS CONTRIBL	JTING TO DEA	TH but not related	ed to the terminal	PART	III. If decease there a pre-	d was f	female was last 90 days.
13 /0	ON THIS	51		ă	CATION	which gave rise above cause (stating the und lying cause le PART II. OTHE	e to (a), der- lest. DUE TO ((c)	VS CONTRIBU	JTING TO DEA	TH but not related	rd to the terminal	PART	there a pre-	gnancy in la	female was last 90 days.
13 /0	ON THIS	51	 -	ă	TIFICATION	which gave rise above cause (stating the und lying cause to PART II. OTHE diseases)	e to (a), der- der- last. DUE TO (ER SIGNIFICANT (ase condition given	(c)CONDITION in PART I ((a)			nd to the terminal RRED. (Enter nature o		there a pre	gnancy in la	last 90 days. ☐ Unknown
13 /0	ON THIS	51	 	Ď	CERTIFICATION	which gave rise above cause (stating the und lying cause to PART II. OTHE diseases) 19. WAS AUTOPSY 20a. ACT PERFORMED?	e to (a), (der- der- last.) DUE TO (ER SIGNIFICANT (asse condition given	(c)CONDITION in PART 1 ((a)					there a pre	gnancy in la	last 90 days. ☐ Unknown
13 /0	ON THIS	51		<u></u>	CERTIFI	which gave rise above cause (stating the und lying cause to PART II. OTHE diseases) 19. WAS AUTOPSY PERFORMED? YES NO.	e to (e), (e), der-last. DUE TO (est. D	(c)CONDITION in PART 1 ((a)					there a pre	gnancy in la	last 90 days. ☐ Unknown
13 /0	THIS	51	 	Ĭ,	CERTIFI	which gave rise above cause (stating the und lying cause to PART II. OTHE disease of the understand of	e to (e), der- (est.) DUE TO (ER SIGNIFICANT (asse condition given	(c)CONDITION in PART 1 ((a)					there a pre	gnancy in la	last 90 days. ☐ Unknown
13 /0	ON THIS	51		- D	MEDICAL CERTIFICATION	which gave rise above cause (stating the und lying cause le PART II. OTHE disease of the understand of	e to (e), (e), (e), (e), (e), (e), (e), (e),	(c)	ICIDE 20t	ob. DESCRIBE HO	OW INJURY OCCUR	RRED. (Enter nature d		there a pre	gnancy in la	last 90 days. ☐ Unknown
INK NOBBON	ON THIS	51		, I	CERTIFI	which gave rise above cause (stating the und lying cause le PART II. OTHE diseases) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\) NO \(\) 20a. At PERFORMED? YES \(\) NO \(\) NO \(\) While arm p.m. 20d. INJURY OCCURRED WHILE AT WORK \(\)	e to (a), (a), der-last. DUE TO (BER SIGNIFICANT Case condition given accident SUICIL Conth, Day, Year 20e. PLACI farm,	(c)	ICIDE 20t	ob. DESCRIBE HO		RRED. (Enter nature d		there a pre	gnancy in la	last 90 days. Unknown 18.)
K INK RIBBON	AMENDMENTS ON THIS			i D	CERTIFI	which gave rise above cause is stating the und lying cause to PART II. OTHE diseases in the understand the unde	e to (a), (a), der-last. DUE TO (BER SIGNIFICANT Case condition given accident SUICIL Conth, Day, Year 20e. PLACI farm,	(c)	ICIDE 20t	ob. DESCRIBE HO	OW INJURY OCCUR	RRED. (Enter nature o	of injury in	there a pre-	gnancy in la	last 90 days. Unknown 18.)
K INK RIBBON	AMENDMENTS ON THIS			Z	CERTIFI	which gave rise above cause (stating the und lying cause le PART II. OTHE diseases) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\) NO \(\) 20a. At PERFORMED? YES \(\) NO \(\) NO \(\) While arm p.m. 20d. INJURY OCCURRED WHILE AT WORK \(\)	e to (a), (a), derigation (a),	CONDITION In PART I (DE HOMI E OF INJUR factory, str	RY (e.g., in or reet, office blo	r about home,	20f. CITY, TOWN,	RRED. (Enter nature of the control o	of injury in	there a pre	gnancy in la	last 90 days. Unknown 18.)
K INK RIBBON	AMENDMENTS ON THIS READ INST			Z	CERTIFI	which gave rise above cause is stating the und lying cause is part in OTHE disease. 19. WAS AUTOPSY PERFORMED? YES NO 200. TIME OF Hour MoINJURY e.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	e to (a), (a), derigation (a),	CONDITION In PART I (DE HOMI E OF INJUR factory, str	ICIDE 20t	r about home,	20f. CITY, TOWN,	RRED. (Enter nature o	of injury in	there a pre	No ET II of item	last 90 days. Unknown 18.) STATE
K INK RIBBON	AMENDMENTS ON THIS READ INST			-	CERTIFI	which gave rise above cause (stating the und lying cause to stating the und lying cause to PART II. OTHE disease of the understand the unders	e to (a), (a), der. DUE TO (ast. DUE TO (ast. DUE TO (ast. DUE TO (aste condition given aste condition given accordent SUICIE Donth, Day, Year 20e. PLACI farm,	CONDITION In PART I (DE HOMI E OF INJUR factory, str	RY (e.g., in or reet, office ble	r about home,	20f. CITY, TOWN,	RRED. (Enter nature of the control o	of injury in	there a pre	No ET II of item	last 90 days. Unknown 18.)
K INK RIBBON	AMENDMENTS ON THIS READ INST			OF .	CERTIFI	which gave rise above cause (stating the und lying cause le PART II. OTHE disease) 19. WAS AUTOPSY PERFORMED? YES NOW 200. TIME OF Hour MoINJURY e.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK Death occurred at	e to (a), (a), der. DUE TO (ast. DUE TO (ast. DUE TO (ast. DUE TO (aste condition given aste condition given accordent SUICIE Donth, Day, Year 20e. PLACI farm,	CONDITION IN PART I (DE HOMI E OF INJUR factory, stri	RY (e.g., in or reet, office ble	r about home,	20f. CITY, TOWN,	RRED. (Enter nature of the control o	of injury in	there a pre	No ET II of item	last 90 days. Unknown 18.) STATE
BLACK INK OR RITER RIBBON	AMENDMENTS ON THIS			VIT OF	MEDICAL CERTIFI	which gave rise above cause is above cause is stating the und lying cause is PART II. OTHE disease is performed? YES NO 252 20c. TIME OF Hour Mo INJURY e.m. p.m. 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21. attended the deceased Death occurred at 22e. SIGNATURE	e to (a), (a), der. DUE TO (ast. DUE TO (ast. DUE TO (ast. DUE TO (aste condition given aste condition given accordent SUICIE Donth, Day, Year 20e. PLACI farm,	CONDITION IN PART I (DE HOMI E OF INJUR factory, stri	RY (e.g., in or reet, office ble	r about home,	20f. CITY, TOWN,	RRED. (Enter nature of the control o	of injury in	COUNTY COUNTY COUNTY	ne causes sta	last 90 days. Unknown 18.) STATE
K INK RIBBON	AMENDMENTS ON THIS SHOULD READ INST			VIT OF	MEDICAL CERTIFI	which gave rise above cause is above cause is stating the und lying cause its part of the undiving cause its part of the undivine part of the undivine un	e to (a) (a) (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	CONDITION In PART I (DE HOMI E OF INJUR factory, stri	RY (e.g., in or reet, office blo	r about home, idg., etc.) , to	20f. CITY, TOWN, the date stated above 22b. ADDRESS	I, OR LOCATION and last saw him ove, and to the best add. LOCATION 23d. LOCATION	of injury in alive on alive on to finy known (City, tow	COUNTY COUNTY COUNTY We a pre- COUNTY COUNTY Who are county)	ne causes sta	Isst 90 days. Unknown 18.) STATE Tated. DATE SIGNED
K INK RIBBON	NO. SHOULD READ INST			VIT OF	MEDICAL CERTIF	which gave rise above cause is above cause is stating the und lying cause is part of the undiving cause is part of the undivin	e to (a) (a) (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	CONDITION In PART I (DE HOMI E OF INJUR factory, stri	RY (e.g., in or reet, office blo	r about home, idg., etc.) , to	20f. CITY, TOWN,	I, OR LOCATION and last saw him ove, and to the best add. LOCATION 23d. LOCATION	of injury in alive on of my know	COUNTY COUNTY COUNTY We a pre- COUNTY COUNTY Who are county)	ne causes sta	Isst 90 days. Unknown 18.) STATE Tated. DATE SIGNED
K INK RIBBON	AMENDMENTS ON THIS SHOULD READ INST			AFFIDAVIT OF	MEDICAL CERTIFI	which gave rise above cause is above cause is stating the und lying cause its part of the undiving cause its part of the undivine part of the undivine un	e to (a), (a), (b), (c), (d), (d), (d), (d), (d), (d), (d), (e), (e), (e), (e), (e), (e), (e), (e	DE HOMIE OF INJUR factory, structure or title page or titl	RY (e.g., in or reet, office blo	r about home, idg., etc.) , to	20f. CITY, TOWN, the date stated above 22b. ADDRESS 22b.	I, OR LOCATION and last saw him ove, and to the best 23d. LOCATION Miller AL REG. 26. REG	of injury in alive on alive on to finy known (City, tow	COUNTY COUNTY COUNTY We a pre- COUNTY COUNTY Who are county)	ne causes sta	Isst 90 days. Unknown 18.) STATE Tated. DATE SIGNED

(Licensed Embalmer's Statement on Reverse Side)

Carnit not seased - N. L.

STATEMENT BY LICENSED EMBALMER

I here	eby certify that th	ne body whose	name is re	ecorded on the reverse side of this certificate was embalmed by me,
or by				, Student Embalmer No.
working und	er my personal su	pervision.		Signed Sail Meurison
Siudeni	Signature of S	tudent Embalmer	•	5221
	·	٦٠,	· ;	P. O. Address P. O. Address P. O. Address P. O. Address P. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.